

Virtual Care/Telehealth Advocacy

HB 5412 (Vaupel), HB 5413 (Wozniak), HB 5414 (Green), HB 5415 (Liberati), HB 5416 (Whiteford)

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Delightful Disruption



+ Virtual technology has delightfully disrupted other industries



UBER

+ Virtual Care/Telehealth has matured into a disruptive enabler that helps you meet multiple clinical and business strategies

- + Augment, but does not replace, the hands on delivery aspects of comprehensive health care delivery

+ Virtual healthcare market is expected to reach

- + visits of more than 105 million by 2022 (1 out of 10 doctor visits)¹
- + revenues of more than \$38 billion by 2029²

¹ IHS Markit

² Persistence Market Research, 2019, <https://www.persistencemarketresearch.com/market-research/telemedicine-market.asp>

What is Virtual Care? (i.e. Telehealth/Telemedicine)



Definition of Telehealth (W.H.O.)

Delivery of health care services, where distance is a critical factor, using information and communications technologies... in the interests of advancing the health of individuals and their communities.

Then - 1962



Now - 2020



Vision – Virtual Care of the Future



❖ Right Patient



❖ Right Time



❖ Right Intervention



❖ Right Provider



❖ Right Place



What is Virtual Care? (i.e. Telehealth/Telemedicine)

Synchronous

- Live interactive connection
- Secure real-time video call



Considerations

Real time patient/provider interaction (including some examination components)	Scheduling requirement
More complete view of case	Technical & equipment requirements

Note: Originating site is considered the location where the patient is located during the delivery of services.

Asynchronous

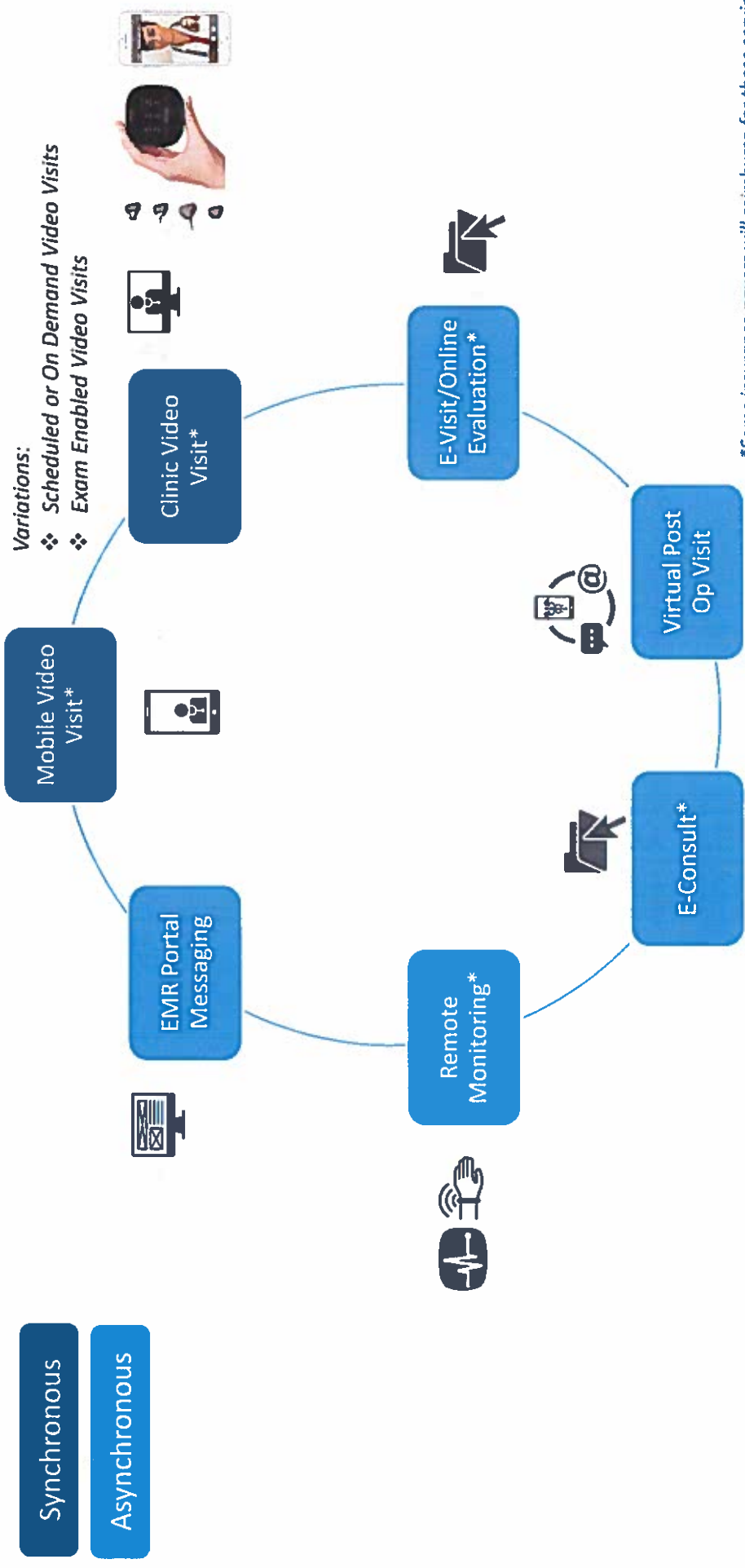
- Secure online messaging
- Store-and-forward transmission



Considerations

No scheduling constraints	Assessment based on images and information/data
Less burdensome technical/equipment requirements	One directional transmission at a time, not real-time

Virtual Visit Capabilities



*Some insurance payers will reimburse for these services

Why Virtual Care?



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Virtual Care is not a service, but a delivery mechanism

Volume

- Enhance patient consistent access and convenience
- Services made better or possible when distance is a barrier
- Align with consumer interest in technology
- Reduce wait time to next appointment and no-show rate
- Achieve operational efficiencies
- Reduce costs by shifting patients to lower cost settings
- Cut patient/provider travel time
- Reduce avoidable ED utilization and 30-day readmissions
- Increase patient activation and engagement
- Expand specialist coverage

Value

Key Specialty Examples: Primary Care, Pediatrics, Behavioral Health Service, OB/Prenatal Care

Reimbursement



- MI Telemedicine Parity in Coverage Law for Commercial Payers
 - Contracts **shall not require face-to-face contact** between a health care professional and a patient for services appropriately provided through telemedicine, as determined by the insurer or health maintenance organization
 - Telemedicine services shall be provided by a **health care professional who is licensed, registered, or otherwise authorized** to engage in his or her health care profession in the state where the patient is located
 - Telemedicine services are subject to all terms and conditions of the contract
- Telehealth services matching clinical in-person care
 - equivalent to in-person care in diagnostic accuracy, treatment effectiveness, and patient satisfaction
 - Patient privacy and confidentiality issues parallel in-person care
- Patient Cost Share identical to tradition in-clinic

**Medicare eliminating GT Modifier requirement as of 10/1/2018*

Source: Department of Health and Human Services, Centers for Medicare and Medicaid Services. (2016, November). Telehealth Services. Retrieved November 2, 2017, from <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctst.pdf>

Reimbursement Comparison



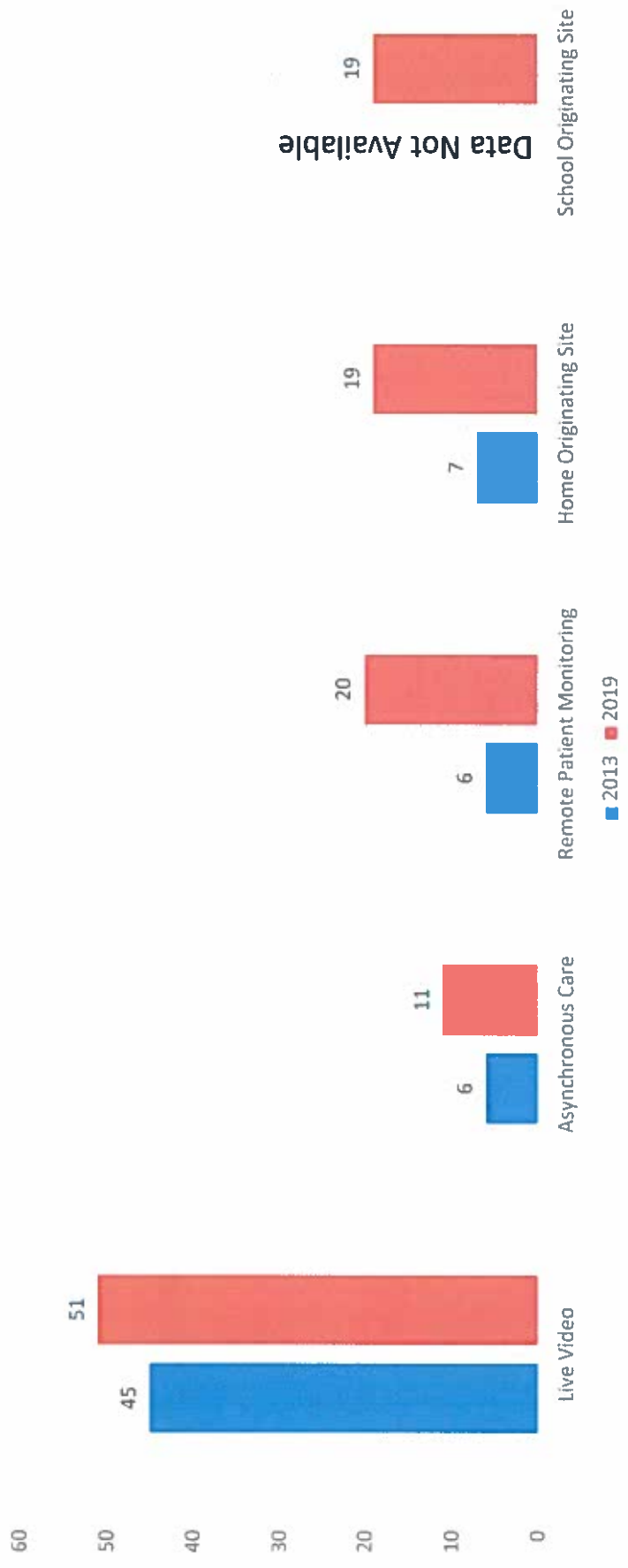
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Virtual Care Component	Medicare	MI Medicaid	Commercial Insurance
Live Video	Yes	Yes	Yes
Geographic Restriction	Patient must be in a health professional shortage area ("HPSA") or a county that is not a metropolitan statistical area ("MSA") <i>(Next Generation ACO Telehealth Waiver)</i>	No Geographic Restriction	No Geographic Restriction
Originating Site - Home	No <i>(Next Generation ACO Telehealth Waiver)</i>	No <i>(HB 5416 (Whiteford))</i>	Most payer coverage
Originating Site - School	No	No <i>(HB 5416 (Whiteford))</i>	Most payer coverage
Asynchronous Care	No	No <i>(HB 5412 (Vaupel), 5413 (Wozniak), 5414 (Green))</i>	Limited payer coverage
Remote Patient Monitoring	Yes – New 2020 codes	No <i>(HB 5415 (Liberati))</i>	Limited payer coverage

Historical State Medicaid Telehealth Reimbursement Expansions



Number of State Medicaid Telehealth Coverage



Note: Includes Washington D.C.

Source: Center for Connected Health Policy, Historical State Telehealth Medicaid Fee For Service Policy Report FINAL (2020) and State Telehealth Laws and Reimbursement Policies (Fall 2018)

Virtual Care Enable Us To:



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- Offer better access to healthcare
- Meet patient expectations for online service
- Reduce costs (time, travel, convenience, etc.)
- Increase clinician efficiency/make life easier

Connecting with customers **where, when, and how** they want to be reached...

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Contact Information



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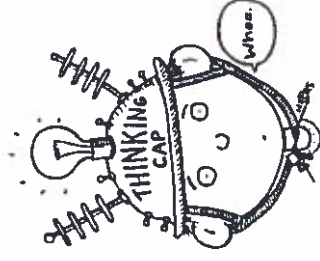
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Questions?



Appendix

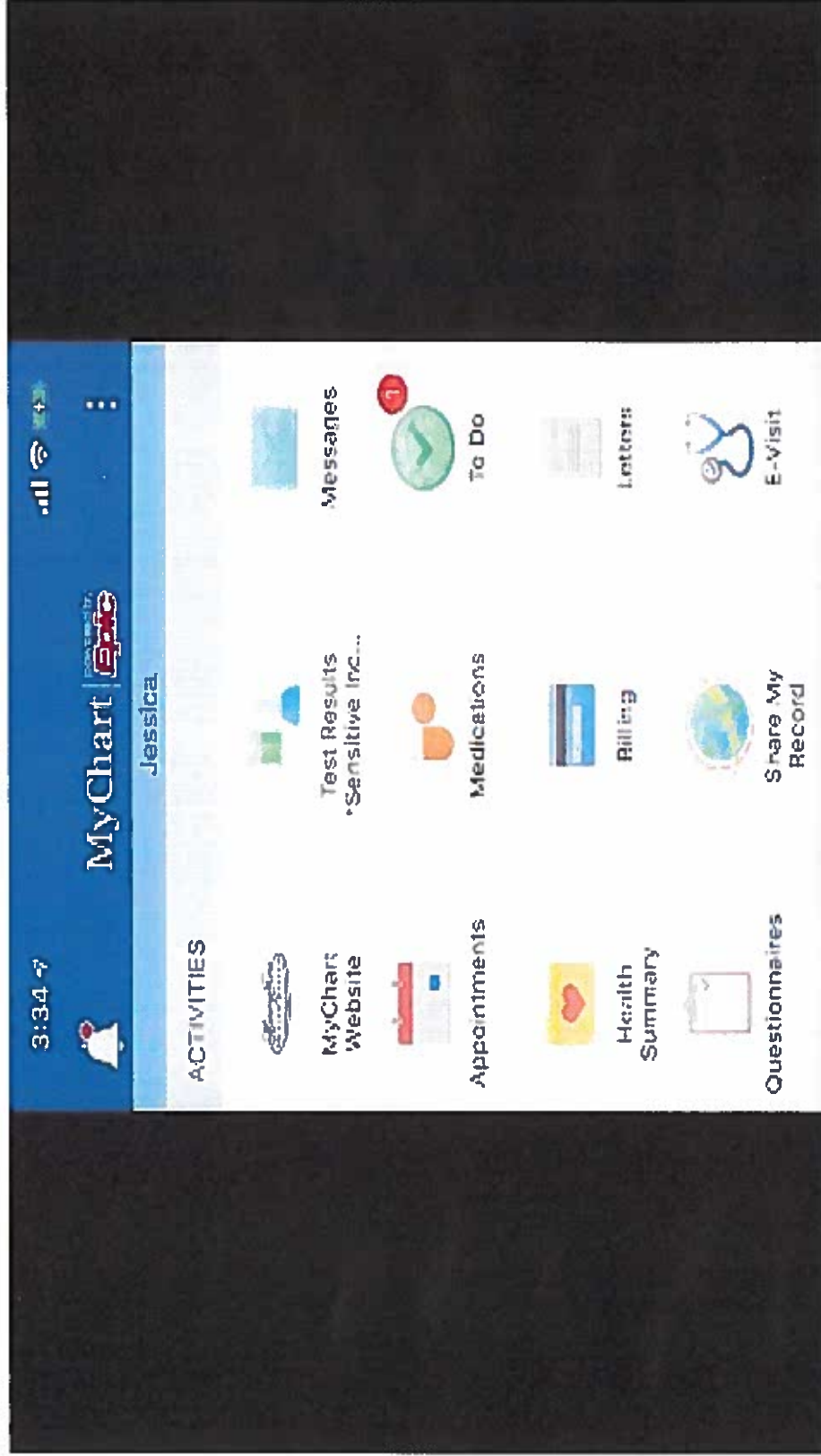


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Patient Testimonial



Source: <https://youtu.be/CxgAzumWZoM>

HFHS Virtual Care *by the numbers*



7,532+

Virtual patient encounters in 2018

- > 17,006+ in 2019 YTD
- > 10,124 Video
- > 6,882 Store and forward



41+

Specialty services and growing



603+

HFHS available specialists

144,153 (201+ Days)

Patient Miles Saved in 2019



Remote Patient Monitoring
(eHome Care)



1,787+

New Installs in 2018

- > +1,093 New Installs in 2019 YTD
- > +49,908 Encounter in 2019 YTD

2,524 (10+ Clinic Days)

Provider Miles Saved in 2019

Tele-Radiology Readings in 2018

23,067+

- > +22,420 in 2019 YTD

As of December 2019



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HFHS Virtual Care Specialties

- Allergy ^{MW/EC}	- Gastroenterology (IBD) ^{C2C/EC}	- Physical Therapy/Rehab ^{MW/EC}
- Behavioral Health Services (Peds, Adult & Geriatric) ^{C2C/MW}	- General Surgery ^{MW}	- Plastic Surgery ^{VPO}
- Breast Surgery ^{VPO}	- Hepatology ^{C2C}	- Preventive Cardiology (Cardiac Rehab) ^{MW}
- Cardiac Surgery ^{MW/EC}	- Infectious Disease ^{MW/EC/EC}	- Primary Care (inc. Peds) ^{MW/C2C/EC}
- Cardiology ^{EC}	- International Travel Medicine ^{C2C}	- Pulmonary ^{EC}
- Center for Autism and Developmental Disabilities ^{MW}	- Nephrology ^{C2C/EC}	- Radiation Oncology ^{MW}
- Dermatology ^{C2C/MW/EC}	- Neurology ^{MW/C2C/EC}	- Rheumatology ^{MW/EC/EC}
- Dialysis & Diabetes Education ^{MW}	- Neurosurgery ^{VPO}	- Sleep ^{EC/EC}
- Employee Health ^{C2C}	- Occupational Health ^{MW}	- Speech Therapy ^{MW}
- Endocrinology ^{C2C/MW/EC}	- Oncology (Survivorship, Behavioral) ^{MW/C2C}	- Thoracic Surgery ^{MW/EC}
- ENT (Ear, Nose & Throat) ^{C2C/MW/VPO/EC}	- Orthopedics (Sports, Podiatric Med, Trauma) ^{MW/VPO/EC}	- Transplant (Liver & Kidney) ^{C2C}
- Functional Medicine ^{MW/EC}	- Pain Medicine ^{EC}	- Urogynecology ^{EC}
	- Palliative Medicine ^{MW/C2C/EC}	- Urology ^{C2C/MW/EC}
		- Vascular Surgery ^{C2C/MW/EC}
		- Women's Health/OB ^{MW/EC}

eV = eVisit

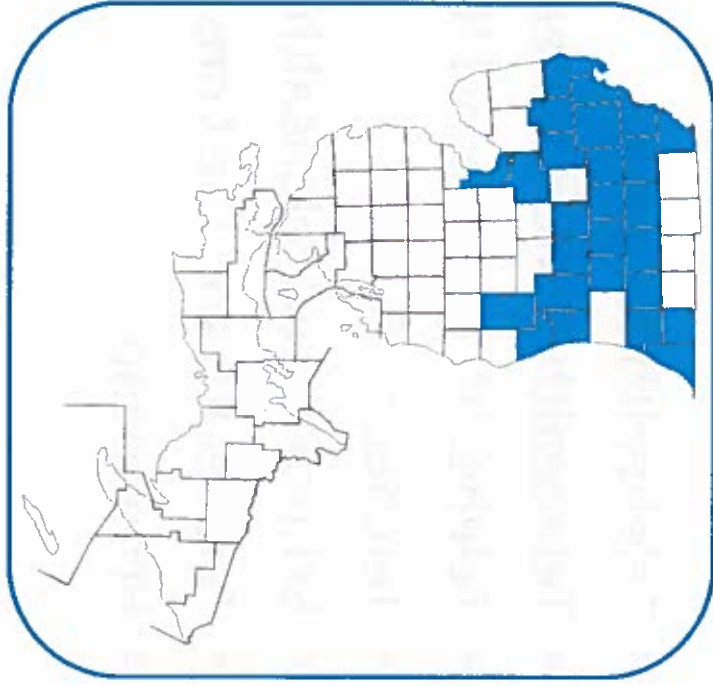
eC = eConsult

MW = MyChart Video Visits

C2C = Clinic to Clinic Telemedicine

VPO = Virtual Post Op

Reimbursement - Medicare



- Originating Site
- Approved Distant Providers
- Patient must be in a health professional shortage area (“HPSA”) or a county that is not a metropolitan statistical area (“MSA”) (unless an exception applies)
- Live interactive only
- Level of Service is analogous to a traditional in-person office visit (modifier)

Telehealth Federal Trends



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- Telehealth & Opioids
- Telehealth & Mental Health
- Telehealth & Maternal Health
- Telehealth & HIV
- School-based telehealth
- Telehealth and the Consumer
- Broadband